MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

01479

Reg. Dist. No. 522

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County: Calvert
City or town: Chesapeake Beach
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Calvert
City or town: Chesapeake Beach
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Randall Cliffs
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Milton Barney Jr

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	S

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): August 9 - 1932

8. AGE:

Years	Months	Days	If less than one day
14	5	23	hrs. min.

9. Birthplace: Alexandria Virginia
(Town, county, and state)
10. Usual occupation: Schoolboy
11. Industry or business:

FATHER
12. Name: Milton D. Barney
13. Birthplace: West Union, New York

MOTHER
14. Maiden name: Celia D. Ryan
15. Birthplace: Chipmonk, Norfolk

16. Informant: Milton D. Barney
Address: Randall Cliffs, Calvert Co, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-5-47 (month) (day) (year)
Cemetery or crematory: Mt. Carmel
Location: Upper Marlboro, Md.

18. Funeral director: Ritchie Funeral Home
Address: Upper Marlboro, Md.

19. Feb 7 1947 (Date rec'd by registrar) Grace L. Ritchie Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2/2 1947 at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19...
and that I last saw h... alive on ... 19...

	DURATION
Immediate cause of death: Suffocation	1 hr.
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of 2/2/47
Where did injury occur? Chesapeake Beach (City or town) Calvert (County) Md. (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Suffocation Injured at work? No

23. SIGNATURE: [signature] M. D. or other
Address: [illegible] Date signed 2/3/47

RECEIVED
FEB 25 1947

2-25

2-520

2-10

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-1)

01480 116

CERTIFICATE OF DEATH

Reg. Dist. No. 510

1. PLACE OF DEATH:
County Calvert Co
City or town Huntingtown Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 25 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Calvert
City or town Huntingtown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Virginia Ff Bowen

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W	married

6.(b) Name of husband or wife Oden Bowen
6.(c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) August 11 1876

8. AGE: Years 70 | Months 6 | Days 6 | If less than one day ... hrs. ... min.

9. Birthplace Willows Calvert Co Md
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Domestic

FATHER 12. Name Virgil Wilburn

13. Birthplace England

MOTHER 14. Maiden name Priscilla Soper

15. Birthplace Calvert Co Md

16. Informant Wayne R. Bowen
Address Huntingtown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 19 1947 (month) (day) (year)
Cemetery or crematory Calvary Cemetery
Location Huntingtown Md

18. Funeral director Hardy Hutchins
Address Owings Md

19. 2-17 1947 Howard
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17 1947, at 6:30 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1946, to Feb 17 1947
and that I last saw him alive on ... 1947

Immediate cause of death	DURATION
Hypertensive cardio vascular disease.	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Date signed

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1947
BUREAU OF S.

2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (79)

CERTIFICATE OF DEATH

104

01481 10

Reg. Diat. No.

1. PLACE OF DEATH:

County: Calvert

City or town: Sutchis Mt Hope

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Calvert

City or town: Sutchis Mt Hope

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Julia V. Boyd

3.(b) Social Security Number: No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	W

6.(b) Name of husband or wife: James C. Boyd

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 22, 1858

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
88	10	10		

9. Birthplace: Calvert Co, Md

(Town, county, and state)

10. Usual occupation: Home

11. Industry or business

FATHER — 12. Name: Holsworth E. Bowen

13. Birthplace: Md

MOTHER — 14. Maiden name: Sarah E. Rawlings

15. Birthplace: Md

16. Informant: George Boyd

Address: Barstow

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 5 1947 (month) (day) (year)

Cemetery or crematory: Asbury

Location: Barstow, Md

18. Funeral director: A. A. Harkness & Son

Address: Mutual, Md

19. 2-4 1947 (Date rec'd by registrar) Howard Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 2, 1947, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 14 1947, to Feb 2 1947

and that I last saw h... alive on Jan 31 1947

Immediate cause of death	DURATION
Occlusion of femoral artery	
Due to Arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Page D.S.T.

M. D. or other

Address: Prince Frederick Date signed 2/4/47

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BUREAU V 2
2-35

NAMES: letter from Mrs. Henrietta Collinson filmed G109 3-26-47 LL
AGE: Dr.Ward's letter filmed 3-28-47 G109 LL

0148709

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 510

1. PLACE OF DEATH:
County: Calvert
City or town: Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 wks
Hospital, institution, or street address where death occurred: Calvert Co. Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Aa
City or town: Fair Haven
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME Joseph Collinson FRANKLIN COLLINSON

3. (b) Social Security Number

4. Sex: M
5. Color or race: W
6.(a) Single, married, widowed, or divorced: M
6.(b) Name of husband or wife: Mrs Henrietta Collinson COLLINSON
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): 1889 - 1889 December 27 1889

8. AGE: Years: 57 (58) Months: 1 Days: 19 If less than one day: hrs. min.

9. Birthplace: Md (Town, county, and state)
10. Usual occupation: Farmer at Maryland
11. Industry or business:
12. FATHER Name: Henry Collinson COLLINSON
13. FATHER Birthplace: Md
14. MOTHER Maiden name: Emma Franklin
15. MOTHER Birthplace: Md
18. Informant: Mrs. Joseph Collinson COLLINSON
Address: Fair Haven, Md

17. (Burial, cremation, or removal. Which?) Burial Date thereof (month) (day) (year) 2-18-47
Cemetery or crematory: Friendship
Location: Anne Arundel Co., Md
18. Funeral director: W.H. Hutchins
Address: Owings, Md
19. (Date rec'd by registrar) 2-14-1947 H.W. Ward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2/15 1947 at 1:30 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 2 1947 to 2/15 1947 and that I last saw h alive on 2/14/47 1947
Immediate cause of death: Carcinoma Due to Uterus

DURATION
4 yrs

Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: H.W. Ward M. D. or other
Address: Owings Md Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1947
BUREAU V S.

2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

108

01483

Reg. Dist. No. 510

1. PLACE OF DEATH:

County: CALVERT

City or town: WEST BEACH
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 YRS

Hospital, institution, or street address where death occurred:

How long in hospital or institution? NONE

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: County:

City or town:
(If outside city or town limits, write RURAL and give nearest town)

Street No.:
(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Louis PENDLETON DARRELL

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	M

6.(b) Name of husband or wife: REVA S. DARRELL

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): DEC. 21, 1874

8. AGE:

Years	Months	Days	If less than one day
73	1	21	— hrs. — min.

9. Birthplace: Washington, D.C.
(Town, county, and state)

10. Usual occupation: Advertising

11. Industry or business: Newspaper.

FATHER — 12. Name: Dr. John Darrell

FATHER — 13. Birthplace:

MOTHER — 14. Maiden name: Rose P. Pendleton

MOTHER — 15. Birthplace:

16. Informant: Mrs Reva S. Darrell

Address: West Beach, Maryland

17. Removal. (Burial, cremation, or removal. Which?) Date thereof Feb 12, '47 (month) (day) (year)

Cemetery or crematory:

Location:

18. Funeral director: W. W. Chambers Co.

Address: 1400 Chapin St. N.W. Wash. D.C.

19. 2-12 19 47 H. W. Ward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 12 — 19 47, at 5 A. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on Feb 11 19 47

Immediate cause of death — DURATION

Coronary thrombosis

Due to:

Due to: Terminal attendance

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: R. A. Tillaneau M. D. or other

Address: Prince Frederick, Md. Date signed: Feb. 12, 47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 18 1947
BUREAU

2-35-

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (190)

CERTIFICATE OF DEATH

01484 106

Reg. Dist. No. 510

1. PLACE OF DEATH:
County: Calvert
City or town: Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Calvert
City or town: Barstow
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Isaac Johnson

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	

6.(b) Name of husband or wife: Eliza Jane Johnson
6.(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): ? 1872

8. AGE: Years: 75 | Months | Days | If less than one day: hrs. min.

9. Birthplace: Md. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Major Johnson
13. Birthplace: Md

MOTHER
14. Maiden name: Not Known
15. Birthplace

16. Informant: Mary A. Gray
Address: Mutual, Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof: 2-11-47 (month) (day) (year)
Cemetery or crematory: Brawner
Location: Calvert Co. Md.

18. Funeral director: J. E. Lewis
Address: Prince Frederick, Md.

19. 2-10 19 47 (Date rec'd by registrar) Howard Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2/9 1947 at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw him alive on ..... 19.....

Immediate cause of death	DURATION
Pneumonia Cold from exposure while drunk	6 hrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: 2/8/47
Where did injury occur? Town Residence Calvert Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?): Farm
Means of injury: Exposure & Cold Injured at work? No

23. SIGNATURE: H. W. Howard M. D.
Address: Lothian Md. Date signed: 2/10/47

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 18 19
BUREAU V. R.
2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73d

CERTIFICATE OF DEATH

01485

Reg. Diat. No. 302

1. PLACE OF DEATH:
County Calvert
City or town Solomons, Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Calvert
City or town Solomons
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war No

3.(a) FULL NAME John M. Jones

3.(b) Social Security Number No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	W

6.(b) Name of husband or wife Nellie V. Jones
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 25, 1861

8. AGE:

Years	Months	Days	If less than one day
85	10	12	hrs. min.

9. Birthplace Md (Town, county, and state)
10. Usual occupation Waterman
11. Industry or business

FATHER
12. Name John M. Jones
13. Birthplace Md

MOTHER
14. Maiden name Mary Cissel
15. Birthplace Md

16. Informant Webster James
Address Philadelphia, Pa

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 10, 1947 (month) (day) (year)
Cemetery or ~~crematory~~ Solomons M.E.
Location Solomons, Md
18. Funeral director A. A. Harkins & Son
Address Mutual, Md

19. 2/8 (Date rec'd by registrar) 19 47 D. E. S. Coster Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7 19 47, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19, to 19
and that I last saw h alive on 19

Immediate cause of death	DURATION
Chronic myocarditis	
Due to arteriosclerosis	
Due to dead on my arrival	
Other conditions no physician attending	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE E. S. Coster M.D.
M. D. or Coroner
Address Solomons - Md Date signed 2/8/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
FEB 13 1947
BUREAU OF

2-25

2-0500 —— 2-10

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01486 111

Reg. Dist. No. 510

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Calvert
City or town: Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Calvert Co., Hosp.
How long in hospital or institution? 10 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Calvert
City or town: North Beach
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: No.

3.(a) FULL NAME: Charles Henry McClure, Jr.

3.(b) Social Security Number: 219-16-1087

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	M

6.(b) Name of husband or wife: Nancy A. McClure
6.(c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): Apr. 25, 1871

8. AGE:

Years	Months	Days	If less than one day
75	9	29	...hrs. ...min.

9. Birthplace: New York, N. Y. (Town, county, and state)
10. Usual occupation: Bricklayer (Retired)
11. Industry or business

FATHER
12. Name: Charles Henry McClure
13. Birthplace: Ohio

MOTHER
14. Maiden name: Clarinda Skinner
15. Birthplace: Ohio

16. Informant: Alice E. Myers
Address: 1014 Eye St., S.E. Wash., D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 26, 1947 (month) (day) (year)
Cemetery or crematory: Fort Lincoln
Location: Md. Line & District

18. Funeral director: A. A. Wakeman & Son
Address: Mutual, Md.

19. 2-24 1947 H. Woodward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 24 Feb 1947, at 12:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 Feb 1947 to 24 Feb 1947 and that I last saw him alive on 23 Feb 1947

Immediate cause of death	DURATION
Chronic myocarditis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ... Date of ...
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: ... Injured at work?

23. SIGNATURE: H. Wesner Jr. M. D. or other
Address: Huntingtown Md. Date signed: 24 Feb 47

RECEIVED
MAR 5 1947
BUREAU OF I. & S.

2 - 35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

01487 167

Reg. Dist. No. 510

1. PLACE OF DEATH:
County: Calvert Hosp.
City or town: Prince Frederick md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Calvert
City or town: Chaney md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: William A. Randall

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	X

6.(b) Name of husband or wife: Bessie Randall
6.(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): 1875

8. AGE: Years	Months	Days	If less than one day
72	5		hrs. min.

9. Birthplace: md (Town, county, and state)
10. Usual occupation: Teacher and Farmer
11. Industry or business

FATHER
12. Name: Fred Randall
13. Birthplace: md

MOTHER
14. Maiden name: Margaret Stewart
15. Birthplace: md

16. Informant: Josephia R. Monsell
Address: Chaney md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-12-47 (month) (day) (year)
Cemetery or crematory: Peters Chapel
Location: Calvert

18. Funeral director: C.E. Dewell
Address: Prince Fred. md.

19. 2-11 19 47 (Date rec'd by registrar) H.W. Ward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2-9, 19 47, at 12 07 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 2 June 19 45, to 9 Feb 19 47 and that I last saw h.im alive on 8 Feb 19 47

Immediate cause of death	DURATION
Hypertensive cardiovascular renal disease	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. Wesson. M.D. M. D. or other
Address: Huntingtown Md Date signed: 10 Feb 47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 18 1947
BUREAU V.R.

2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (47)

CERTIFICATE OF DEATH

01488

Reg. Dist. No. 581

1. PLACE OF DEATH:
County: Calvert
City or town: Lusby, Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Calvert
City or town: Lusby
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Guy Taylor.

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	X

6.(b) Name of husband or wife: Lillian L. Taylor
6.(c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.): May 14 - 1896

8. AGE: Years	Months	Days	If less than one day
51	9	9	....hrs. ....min.

9. Birthplace: Md (Town, county, and state)
10. Usual occupation: Farmer.
11. Industry or business

FATHER
12. Name: Charles Taylor
13. Birthplace: Md.

MOTHER
14. Maiden name: Annie Howard
15. Birthplace: Md.

16. Informant: Lillian L. Taylor
Address: Lusby Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-25-47 (month) (day) (year)
Cemetery or crematory: St Johns
Location: Calvert Co.
18. Funeral director: R. E. Sewell
Address: Prince Frederick Md

19. Feb 25 1947 (Date rec'd by registrar) D. J. Prather Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2-23, 19 47, at 4A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ....19...., to ....19....
and that I last saw h....alive on ....19....

Immediate cause of death	DURATION
Carcinoma of the Lung	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: R. D. Fillingame M. D. or other
Address: Prince Frederick Date signed: Feb 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
MAR 1947
BUREAU OF S

1-25

2-500 —— 1-10

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (14)

CERTIFICATE OF DEATH

01489 105

Reg. Diat. No. 510

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Calvert Hosp.
City or town: Prince Frederick, md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: md. County: Calvert.
City or town: Owings. md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Jeraldine Wallace. | **3.(b) Social Security Number**

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C.	

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 19, 1946.

8. AGE: Years	Months	Days	If less than one day
	10	18	..... hrs. ..... min.

9. Birthplace md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Grant S. Wallace.
13. Birthplace md.

MOTHER 14. Maiden name Hilda Rawlings.
15. Birthplace md.

16. Informant Grant S. Wallace.
Address Owings, md.

17. Burial Date thereof 2-8-47
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Mt Hope
Location Calvert,

18. Funeral director P.E. Sewell.
Address Prince Frederick, md

19. 2-6 19 47 H. Howard
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-6, 19 47, at 1.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
..... 19 ..... to ..... 19 .....
and that I last saw h ..... alive on ..... 19 .....

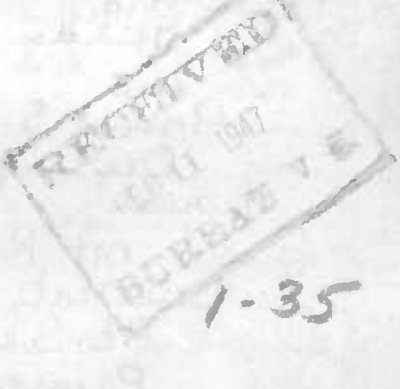
Immediate cause of death	DURATION
Hydrocephalus	
Due to	
Due to T B meningitis (?)	
Other conditions Dehydration	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Dr Sullivan
M. D. or other
Address Prince Frederick Date signed Feb 6/47



1-35